State Plan 2001: Blueprint for Change

State Business Plan Implementation

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STATE BUSINESS PLAN IMPLEMENTATION

Operational Goals:

1. Treatment, Services and Supports must be appropriate to needs, accessible and timely, consumer driven, outcome oriented, culturally and age appropriate, strengths-based, cost effective, and reflect continually evolving best practices.

Objective	Activity/Responsibility	Expected Outcome	Date
1.1 Services for consumers and families will be consistent in philosophy and approach across the state.	a) Adopt a standardized assessment and treatment protocol and train area/county program and ADATC staff.	Divert substance abuse admissions from state hospitals.	5/01/02
	b) Implement SA standardized risk assessment protocol.	Risk Assessment Protocol piloted in 10 communities.	7/01/03
	c) Division: Develop and implement statewide contract for Uniform Portal referral system and crisis hotline.	Referrals and crisis hotline will be consistent statewide, of higher quality and most cost efficient.	7/01/03
	d) Division: Implement centralized Utilization Management contract across all disabilities, statewide.	Access to levels of care will be consistently applied statewide.	7/01/03
	e) Division: Establish statewide data reporting requirements to assure accurate, consistent information and reliable comparisons.	Reports provide accurate information and facilitate reliable comparisons across the system.	7/01/03
	f) Division: Develop protocols for EAP, TASC/DWI and TANF supported QSAP's.	Specialized substance abuse services will be delivered statewide.	7/01/04

Objective	Activity/Responsibility	Expected Outcome	Date
	g) Division/LME: State and local systems will adopt a person-centered philosophy and apply the principles statewide.	All state and local mh/dd/sas policies will reflect a commitment to person-centered principles in their written form and application.	7/01/04
	h) LME: Providers will provide a rehabilitation/recovery/personal supports model for adult service consumers.	Local Business Plans reflect model and provide details of implementation steps.	7/01/05
	i) Division: Expand child and family System of Care service model across the state in increments of 25 counties each year.	System of Care model fully developed and operational in all 100 counties.	7/01/04
1.2 An expanded array of community-based services and supports will be available for all target populations, statewide.	a) Division: Convene workgroup to design plan to address clinical and habilitative needs of persons with multiple diagnoses across all components of the system.	Integrated system of services and supports with statewide capacity to address cross-disability issues.	1/01/02
	b) Division/SOC: A progressive statewide implementation to fully integrate public child/family resources into one integrated System of Care.	Community readiness/status assessment through Community Practice Reviews to measure the local service integration, establish baselines, benchmark progress; 2) SOC grant site results in each region replicated to non-grant sites in each region. Standard measures of progress in practice change, program integration, and state level systems change will be utilized.	7/01/02 – 30 counties 7/01/03 – 50 counties 7/01/04 – 75 counties 7/01/05 – 100 counties

Objective	Activity/Responsibility	Expected Outcome	Date
	c) Division: Complete work on Waiver for Traumatic Brain Injury.	Waiver submitted to CMS.	3/01/02
	d) Division: Convene workgroup to build plan for integrating private ICF/MR into unified community-based system.	Plan completed.	5/01/02
	e) Division: Modify CAP/MR-DD waiver and reengineer Home and Community Based Waiver to increase capacity and flexibility of community-based services.	Create a "Comprehensive" 1915c Waiver and a "Supports" 1915c Waiver.	5/01/02
	f) Division: Complete work on Research Waiver for Consumer Directed Supports.	Consumer Directed 1115 Waiver submitted to CMS.	7/01/02
	g) Division: Renovate 3 ADATC's and hire additional staff for admission of involuntary substance abuse clients.	90 additional beds available for acute treatment.	7/01/02
	h) Division: Establish flexible funds and transportation system, including vouchers, across disabilities, statewide.	Consumers and families will be able to obtain public or private transportation and other supports as needed to facilitate access to services.	7/01/02
	i) Division: Begin building new and expanded community –based treatment, services and supports for adults with mental illness.	Service array in place to receive individuals being discharged from state hospitals.	7/01/02

Objective	Activity/Responsibility	Expected Outcome	Date
	j) Division: Establish 24 bed substance abuse crisis triage units with complimentary intensive outpatient program for Wake County.	Continues systematic increase of capacity for specialized treatment of substance abuse and reduces admissions to state hospitals.	7/01/04
.	k) LME: Local Business Plans conduct area needs assessments and lay out a proposed service array and plans for development of new services in Local Business Plans.	Each Plan will include plans for bringing up services and supports based on the identified needs within their respective geographic/catchment areas to include data from DD wait list.	7/01/04
	l) LME: Local Business Plans will include a transition plan with timeframes for services to be provided by private providers.	Approved plan.	7/01/04
	m) LME: Create a network of qualified providers to provide needed services throughout the catchment area and including strategies to increase availability of primary care physicians, dentists and other healthcare practitioners.	Approved plans contain an adequate provider network and/or efforts to build one.	7/01/04
	n) LME: Local Business plans include plan to coordinate the provision of all appropriate public MH/DD/SAS in their catchment areas.	Approved Plan includes regular providers meetings, technical assistance, provider education, etc.	7/01/04
	o) LME: Develop an updated plan every three (3) years that identifies service gaps and methods for filling them.	Approved plans ensure an array of services available.	Triennially

Objective	Activity/Responsibility	Expected Outcome	Date
	p) Division: Increase/add resources for DD services at the local level through the realignment of funding per the new resource allocation process and the reallocation of resources from more expensive forms of care.	Community capacity to meet the needs and requests of persons with developmental disabilities will increase as indicated by a reduction of 10% per year in the total number of persons on the DD waiting list.	7/01/06
	q) LME: Improve primary care linkages for prevention of infectious disease.	Reduction in rates of substance abuse related infectious diseases such as HIV, hepatitis, etc.	7/01/07
	r) Division/LME: Develop 15 additional community-based substance abuse crisis triage units with intensive outpatient treatment programs throughout the state.	Increases community-based options for specialized services and supports for people with substance abuse problems.	5 by 7/01/04 10 by 3/01/05
	s) Division: Establish annual 5 year benchmarks to strengthen school counseling programs, primary care linkage and qualified provider networks through SOC approach.	Reaches 253,407 children with mild/moderate impairment.	7/01/07

2. Research, education and prevention programs lower the prevalence of mental illness, developmental disabilities, and substance abuse; reduce the impact or stigma; and lead to earlier intervention and improved treatment.

Objective	Activity/Responsibility	Expected Outcome	Date
2.1 Increase evidence-based prevention services and programs.	a) Division: Establish requirement for Qualified Prevention Professional.	Enrollment of qualified programs and providers in local networks.	1/01/02
	b) Division: Adopt criteria for role and scope of practice.		7/01/03
	c) Division: Establish licensure/certification rules through MH Commission on MH/DD/SAS Prevention Program.		1/01/04
	d) Division: Initiate a disability prevention statewide coordination effort to include: Early Intervention and Office of Disability Prevention/Division of Public Health; Governor's Highway Safety Commission; MH/DD/SAS; and private insurance and medical agencies.	Prevention coordination plan adopted and implemented.	7/01/04
	e) Division: Work with Center for Substance Abuse Prevention to identify a menu of approved selected and indicated prevention services.		1/01/04

Objective	Activity / Responsibility	Expected Outcome	Date
	f) Division: Develop prevention service system, definitions, staff competencies and outcome criteria.		
	g) Division: Initiate negotiations with Medicaid and other payers to establish rates and approve reimbursement for prevention services in NC.	Reimbursable substance abuse prevention benefit for 1500 children and their families.	7/01/03
	h) Division: Children with substance abuse needs will be integrated into the SOC, per CTSP requirements.		1/01/02
2.2 Consumers, families and general public will have access to consultation, education and universal prevention programs statewide.	a) Division: Develop web-based database with search engine.	Current and past research abstracts are available on web site.	7/01/04
	b) LME: Local Business Plans will include structured plan for providing consultation, public education and prevention on a regular, ongoing basis.	All LME's provide education and prevention programs covering a broad variety of topics of interest or helpful to the public.	7/01/04
	c) SOC: Incorporate prevention activities and programs.	1,850,000 youth are reached by prevention activities and programs.	7/01/07

3. Services should be provided in the most integrated community setting suitable to the needs and preferences of the individual, and planned in partnership with the consumer.

Objective	Activity/Responsibility	Expected Outcome	Date
3.1 Reduce number of children inappropriately placed in state hospitals, DSS custody, and youth development centers.	a) Division/LME: Continue cross-agency approaches to comply with OLMSTEAD and comprehensive treatment services program Special Provision to develop increased local and regional treatment capacity for children and youth with highly complex needs using 3% CMH funds pool.	6,000 Youth and Families. 18000 Youth and Families. 36000 Youth and Families. 72000 Youth and Families. 183,119 Youth and Families.	7/01/02 7/01/03 7/01/04 7/01/05 7/01/06
	b) Division/LME: Establish 4 regional Assertive Community Treatment teams (ACT) in conjunction with 4 new semi-regional psychiatric residential or hospital resources for CMH by redirecting funds from State Hospitals.	One team established each year for 3 years, ultimately reducing admissions to state hospitals by 75%.	7/01/06
3.2 Reduce number of adults inappropriately placed in private ICF/MR facilities and adult care homes.	a) Division: State statutes and policies with respect to ICF/MR facilities and adult care homes will be revised to create a unified community system.	Revisions require residential placements that match the demonstrated needs of individuals so placed.	7/01/03
	b) LME: Local Business Plans will reflect the inclusion of residents of private ICF/MR facilities and adult care homes in its sphere of responsibility in all areas.	Approval of Local Business Plans.	Triennially

Objective	Activity/Responsibility	Expected Outcome	Date
3.3 Reduce psychiatric institutionalization of adults and realign funding.	a) Division: Eliminate state psychiatric hospital adult beds, realign funding, and continue to develop community-based services for currently hospitalized persons including specialized residential services, community nursing facilities and other supports.	72 beds closed and patients moved to community with funding transferred to community based services.	7/01/02
		154 adult hospital beds closed with funds transferred to community services.	7/01/03
		212 beds closed with funding transferred to community services.	7/01/04
		135 beds closed with funding transferred to community services.	7/01/05
		127 beds closed with funding transferred to community services.	7/01/06
	b) Division: Reduce long-term Care census of MRC's by: • Implementing pilot projects converting ICF-MR to community CAP-MR/DD funds. • Developing public/private partnerships to create homes for those MR Center residents previously unsuccessful in community placements. • Initiating HB1395 transfers of ICF-MR beds into the community. • Developing specialized MR/MI units in each of 3 MRC's to serve moderate	Long-term residential persons served in MRC's reduced by 50%. .	1/01/07

Objective	Activity/Responsibility	Expected Outcome	Date
	to severe MR/MI for crisis intervention, diagnosis and treatment. • Converting Black Mountain Center ICF/MR beds to skilled nursing for aging people with DD and medical care needs. • Creating community MR Center outplacement teams to develop individualized community reintegration plans for individuals leaving MR Centers. • Creating separate Home and Community-based (HCB) waiver for persons leaving institutions.		

4. Individuals should receive services needed, given consideration of any legal restrictions, varying levels of disability, and fair and equitable distribution of system resources.

Objective	Activity/Responsibility	Expected Outcome	Date
4.1 Individuals in target/priority populations will receive thorough assessments that identify their individual needs.	Division: Develop assessment/planning guidelines and protocols based on evidence-based, best practices, emerging best practices for all disabilities.	Standardized methods of determining needs that are comparable across disabilities and regions used by LME's.	3/01/03
4.2 Services and supports provided will match documented needs of individuals.	Division/LME: Individuals already receiving services, supports will be re-assessed to determine that actual needs match resources provided.	20% reassessment of current clients per year for 5 years.	7/01/07
4.3 Service elements will be budgeted equitably.	Division: Develop a funding allocation plan that assures fair distribution of resources among populations, appropriate for disabilities, and service elements.	Division has revised funding formula that distributes funding more equitably.	7/01/03
4.4 Increase flexibility by merging some child funding.	Division: Develop mechanisms to de-categorize some child-serving agency funds.	1-5% de-categorized across 100 counties.	7/01/02
4.5 Access to services and supports will be increased.	Division/LME: Develop creative, innovative pilot projects or methods that increase client ability to access services	Local Business Plans will state clearly how access to services will be provided/improved in both urban and rural	7/01/04

Objective	Activity/Responsibility	Expected Outcome	Date
	locally.	areas.	
	Increase target populations of children w/severe impairment and their families served through SOC.	Baseline of 3000 youth eligible for At Risk SOC doubled to 6000.	7/01/02
4.6 Within available resources, core functions will be available whether or not a person qualifies as a target population member.	LME: Local Business Plans will state how core functions will be provided throughout the catchment area.	Core functions available to all citizens who need them.	7/01/04
4.7 EPSDT services will be provided to eligible children.	a) DHHS: Medicaid State Plan will be revised to enable the provision of additional services to children with developmental disabilities under EPSDT.	More children provided EPSDT Services.	7/04/04
	b) LME: Local Business Plans will include plans for providing EPSDT services to children within their catchment area.		7/01/04
4.8 Specialized substance abuse services will be delivered on regional basis utilizing the full ASAM continuum.	Local Business plan will indicate how LME's will work across boundaries to meet network requirements for low incidence specialized services.	Highly skilled practitioners will be available for those with low incidence specialized substance abuse service needs.	7/01/04

5. System professionals will work with consumers and their families to help them get the most from services.

Objective	Activity/Responsibility	Expected Outcome	Date
5.1 Service consumers will have more control over their lives.	a) Division: Develop and implement person-centered planning guidelines and policies consistent with national best practices.	Person-centered planning guidelines will be available to all LME's and providers and Local business plans will demonstrate how service consumers will have increased choices and will be empowered to choose services and direct services and supports that work best for them and their individual, unique needs in their business plans.	7/01/04
	b) Division: Develop method for pricing entire service plans on annual basis.	Appropriate clients may choose a constellation of services and supports tailored to their unique needs and funded on an annual basis, based on an individual budget.	7/01/04
	c) Division: Establish service and support definitions that enable participants to direct their own services.	Definitions of services and supports will reflect current best practices, be consistent across the state, will meet the needs of a Diverse population, and be incorporated into all local business plans and provider agreements.	7/01/03

Objective	Activity/Responsibility	Expected Outcome	Date
5.2 Consumers and their families will participate in system planning, implementation, monitoring and oversight.	a) DHHS/Division/LME: Assure appointment of consumers or family members of minors to boards, commissions, advisory bodies, planning groups, etc.	Consumers and families will be able to participate meaningfully.	7/01/04
	b) Division: Develop Office of Consumer Affairs.	Consumers will have representation at Division level and will have access to the Director.	7/01/05
5.3 Consumers and their families will be informed about the system.	a) Division: Develop brochures and other publications about the system for broad distribution to consumers and their families, potential consumers, and the general public.	Each LME will distribute state-approved publications, pamphlets, brochures etc, providing information about system services, their location and how to access them.	7/01/04
	b) Division/LME: Widely broadcast statewide 800 number for referrals and crisis intervention through phone books, newspapers, shelters, internet, providers, government agencies, etc.	80% of state population will know the number or will know that there is one.	7/01/04
	c) Division/LME: Provide annual consumer conference to present new information, provide opportunities for networking among participants and increase knowledge of the system.	Consumer representatives from each area will have opportunities to network with peers, and to speak directly to state level planners, providers, policy makers, on issues of importance to them.	7/01/04
	d) Division/LME: Provide continuous training and acculturation to person-	Training events planned and conducted for both staff and for consumers and public.	7/01/04

Objective	Activity/Responsibility	Expected Outcome	Date
	centered planning and principles designed specifically for consumers and families.	Current training calendars widely distributed and available to all consumers and families.	
5.4 Service system will contain safeguards for consumers.	DHHS/Division: Establish operating criteria, tasks and functions for Human Rights Committees, Appeals Panel, and Consumer Advocacy Committees and evaluate most effective methods of implementation.	Evaluate separate or merged tasks and functions and report conclusions to LOC; one committee or several bodies staffed and operational.	3/01/02

6. Services will meet measurable standards of safety and quality and demonstrate a dedication to excellence through adoption of a program for continuous performance improvement.

Objective	Activity/Responsibility	Expected Outcome	Date
6.1 System will focus on outcomes for consumers.	a) Division: Convene cross agency group to develop policy recommendations for a statewide outcomes system based on SOC best practices and consistent with state plan.	Outcomes measured will be mutually useful to local agencies, clarify goals, simplify data collection, and increase efficiency.	7/01/02
	b) Division: Develop and implement comprehensive outcome measurement plan with elements across agencies and develop framework for outcome report cards.	System report card will be published annually.	First Report 7/01/04
6.2 System will be of consistent high quality.	a) Division/LME: Develop multilevel integrated quality management committee structure, including consumers, families and other stakeholders.	Local Business Plans will emphasize quality management and continuous quality improvement.	12/01/02
	b) Division: Prepare Eastern Treatment program, Whitaker and Wright schools for Medicaid Certification.	Assures adherence to Medicaid standards and requirements and also results in ability to collect federal cost share for services provided.	7/01/02

Objective	Activity/Responsibility	Expected Outcome	Date
6.3 Develop and maintain highly competent staff.	a) Division: Develop strengthen, or enhance collaborative agreements with community college system, DPI, institutions of higher learning, Area Health Education Centers and associated training vendors to establish training for state plan, best practices including cultural competence and staff competencies.	New or existing collaborative agreements for educational programs will be relevant to new system direction and designed to increase staff knowledge and skills needed for full implementation.	3/01/02
	b) Division/LME: Provide continuous training and acculturation to person-centered planning and person-centered principles to all state and local staff.	Training planned, conducted and competencies met.	1/01/03
	c) Division: Complete content competencies for each curriculum and establish inter-rater reliability.		
	d) Division: Develop funding requirements for staff competency programs.		
	e) Division: Establish regional learning centers – engage university and community college systems with team of specialists as trainers in each region for technical assistance in best practices and trouble shooting.	One center each year for four (4) years.	Begin 7/01/03

Objective	Activity/Responsibility	Expected Outcome	Date
6.4 Staff will be knowledgeable about the plan, clinically competent and reasonably paid.	a) Establish training and promotion strategies for state plan.	Both State and LME's have written training plans.	Begin 3/01/02
	b) Develop and/or strengthen collaborative agreements with community college system, DPI, institutions of higher learning, Area Health Education Centers and associated training vendors to establish training for state plan, best practices including cultural competence and staff competencies.		
	c) Develop and present funding needs for competency programs.		
	d) Complete content competencies for curriculum and establish inter-rater reliability.		
	e) Establish regional learning center – engage university and community college systems with team of specialists as trainers in each region for technical assistance in best practices and trouble-shooting.	Establish one (1) center each year for four (4) years.	Begin 1/01/03
	f) Develop and periodically update career enhancement procedures for MH/DD/SAS.		

Objective	Activity/Responsibility	Expected Outcome	Date
	g) Review salaries and pay scales on a regular basis to compare with community standard.	Report to Division Director and Secretary each biennium.	7/01/02
	h) Create incentives for workforce stability by rewarding lower turnover and vacancy rates.		

7. All components of the system must be clinically effective and operated efficiently.

Objective	Activity	Expected Outcome	Date
7.1 Services and supports will be evidence based best practices and/or meet national standards of service delivery.	a) Division: Develop service definitions consistent with evidence base or expert consensus.	Services and supports in the new system will be at the current state-of-the-art and will be consistent across the state, incorporated into all local business plans and provider agreements.	Begin 7/01/02
	b) Division: Update clinical guidelines for client assessment, schizophrenia, mood disorders, substance related disorder, and psychiatric issues in persons with MR.		7/01/02
	c) Division: Review and evaluate standards/guidelines on person-centered planning, cultural competence, ACT, case management for adults with SPMI, schizophrenia patient outcomes research team, dual disorders, psychiatric rehabilitation with persons with SPMI, DBT, and RWJ/SAMHSA "tool kits" currently under development.		7/01/02

8. Administrative functions of the state relating to policies, procedures, rules, licensure, service criteria, standards of practice, monitoring of system components, allocation or realignment of funding, and related activities will be simplified, congruent, stated clearly, and developed in support of the state plan.

Objective	Activity/Responsibility	Expected Outcome	Date
8.1 The state will develop an administrative infrastructure that supports the development of the new system.	a) Division: Develop service standards, outcomes, financing formulae for core functions and targeted services.	Ready for use by counties in developing their governance structures and local business plans.	7/01/02
	b) Division: Develop readiness plan for conducting reviews and certifying area authorities/county programs as LME's.	Reviews and certification process will be consistent and uniformly applied.	7/01/02
	c) Division: Present integration of OLMSTEAD, long-term and State MH/DD/SAS plans.	Plans will be congruent and mutually supportive.	7/01/02
	d) DHHS: State Plan will be updated annually.	Plan will be kept current and reflect any changes in policy or direction.	Annually on 7/01.
	e) DHHS: Assess readiness of DHHS for system reform.	Needed changes will be gathered and followed through to completion with quarterly progress report to the Secretary.	1/01/02
8.2 Counties will develop, through their Area Authorities/County	a) Division: Develop format and required content for business plans to be submitted by boards and county	Ready for use by county/area programs in preparing local business plans.	7/01/02

Objective	Activity/Responsibility	Expected Outcome	Date
Program LME's, a business plan every three (3) years for the management and delivery of mh/dd/sa services, to be approved for certification by the Secretary.	commissioners and for contractual agreements between the state and LME's.		
	b) DHHS: Prepare, with County Commissioners Association, a technical assistance/communication plan for decision-making regarding Letters of Intent.	Plan in place.	7/01/02
	c) DHHS: Establish a process and criteria for the submission, review, and approval or disapproval of business plans submitted by area authorities/county programs		7/01/02
	d) Division/DHHS: Adopt rules specifying the content and format of business plans.	Rules in place.	1/01/03
8.3 Regulatory functions will be clear, simplified and non-duplicative.	a) DHHS: Review current oversight and monitoring functions in place within DHHS and evaluate need for changes.		11/30/01
	b) DHHS: Review rules and statutes both inside and outside DHHS.		7/01/02
	c) DHHS: Initiate plan to coordinate policies and planning with other divisions to address administrative	Plan in place to make policies congruent and seamless.	7/01/02

Objective	Activity/Responsibility	Expected Outcome	Date
	and business functions, funding sources, programmatic and clinical guidelines, outcomes and initiatives.		
	d) DHHS: Initiate rule revisions on an ongoing basis as systems and policies are implemented.		7/01/02
	e) Division: Evaluate expansion of direct enrollment of qualified providers and possibly agencies.	Report with recommendations to DHHS Secretary.	7/01/03
	f) Division: Develop Memoranda of Agreement between state and local agencies including qualified provider enrollment agreement and qualified provider/LME agreements.	Agreements consistent statewide.	7/01/03
8.4 Funding will be allocated fairly and equitably.	a) DHHS: Develop a 1 through 5 year financing plan to support mission, core, and targeted services array, LME functions, state functions, bed day allocations, facility downsizing, leveraging funds from facilities, Medicaid maximization, mental health trust fund, and evaluate sharing of funding for functions that cross agencies to include: • Review of current allocations to area a programs and develop formulae to equitable distribution of funds, incorporating the resource allocation	Written financing plan completed and appended to the State Plan for MH/DD/SAS.	Completed 7/01/02

Objective	Activity/Responsibility	Expected Outcome	Date
	process proposed for DD. • Obtain expert assistance in analyzing fiscal planning and financial modeling of new system activities. • Develop accurate picture of current resource allocation including disparities among geographic areas. • Develop a plan for reimbursement of indirect/administrative costs. • Develop a realignment plan for facility resources. • Explore possibility of a dedicated source of ongoing, stable state and federal funding. • Examine ways to obtain additional funding in non-traditional means.		
	b) DHHS: Complete research and development of uniform set of funding band criteria to transition to a new resource allocation system.	New allocation plan in place to cover the consolidated 20 LME's.	7/01/06
8.5 Client rights and safeguards will be supported.	a) DHHS: Evaluate consolidation of Client Rights, Consumer Advocacy Program, Office of Consumer Affairs, and other advocacy/ombudsman programs within DHHS.	Provide written report to LOC.	3/01/02
	b) DHHS: Establish tasks, functions and operational procedures for client rights and safeguard activities and	Program(s) staffed and operational.	9/01/02

Objective	Activity/Responsibility	Expected Outcome	Date
	implement programs, whether consolidated or separate.		
	c) Develop a system-wide plan and budget for interpreter/translation services and threshold languages to be included.	Written plan.	3/01/02
8.6 Quality management and continuous quality improvement will be strongly emphasized.	a) Division: Develop multilevel integrated quality management committee structure including consumers, families and other stakeholders.	Committee structure, goals tasks and functions, membership and frequency of meetings written and appended to Quality Management Section of State Plan.	7/01/02
	b) DHHS: Establish local monitoring protocols for use by LME's and credential local auditors. Issues to include licensure renewal, relationship with national accreditation and "deemed" status.	Monitoring protocols will be coordinated among DHHS agencies and available to LME's.	7/01/02
	c) Division: Identify all existing outcome tools and data collection efforts across agencies. that can contribute to on integrated data set to measure indicators regarding specified outcome targets.	One integrated data set to measure indicators regarding specified outcome targets written and published.	9/01/02
	d) Division: Finalize comprehensive outcome plan including common elements from other agencies for	Report card plan completed and widely distributed.	7/01/03

Objective	Activity/Responsibility	Expected Outcome	Date
	cross-agency outcome report cards.		
	e) Division: Present statewide system report card covering plan implementation, client outcomes and system reform status.	Report card published.	9/01/04
	f) Division: Implement NC Coordinated SA Prevention Plan including cooperative planning, common evidence based programs and universal outcome measures.	MOU's implemented and operational Report to SAMHSA.	7/01/02
8.7 Information management, billing and payment, and communication systems will be fully implemented and available.	a) DHHS: Develop specifications for DHHS management information system; build on Medicaid MIS and IPRS for DHHS coordination.	Manage coordination at department level. Report to Secretary with recommendations.	3/01/03
	b) Division: Eliminate duplication in current data systems and unnecessary forms.		7/01/02
	c) Evaluate progress in development and implementation of seamless electronic communication systems across agencies and qualified providers (MMIS/IPRS, etc).	IPRS implemented.	7/01/03
	d) DHHS: Revise service definitions for implementation of Integrated Payment and Reporting System		

Objective	Activity/Responsibility	Expected Outcome	Date
	(IPRS) statewide rollout and establish plan for: • Submit changes to Medicaid and coordinate with Health Choice and state funding as needed. • Promulgate rules and publication of activities as required by APA and new Medicaid legislation. • Analyze financial impact. • Set rates for new services. • Electronic Data System (EDS) and IPRS programming.		
8.8 Service authorization, referral mechanisms, and crisis hotlines will be available statewide.	a) Develop criteria for performing Utilization Management including centralized functions and LME functions. • Develop budget and fee structure for UM functions. • Develop criteria for measuring the performance of UM entity on an ongoing basis. • Begin process of selecting vendor. • Determine process and content of UM information to state and LME.	Statewide contract will be in place.	Begin 10/01/02
	b) Develop statewide contract for crisis hotlines and referral system component of Uniform Portal.	Statewide 800 number in place.	7/01/03

Objective	Activity/Responsibility	Expected Outcome	Date
8.9 Counties will assume increased responsibility for the planning, provision and oversight of public mh/dd/sa services provided to their citizens.	a) Counties: determine their local government structure.	All county governance structures determined.	10/01/02
	b) Counties: appropriate funds for public mh/dd/sa services provided to their citizens.		
	c) Counties: review and submit local business plan to DHHS Secretary for certification to manage public mh/dd/sa services to local population.		
	d) Counties: review and submit quarterly service quality and access reports to DHHS Secretary.	All counties providing increased oversight as per HB381.	10/01/02
	e) Counties: review quarterly LME budget statements and balance sheets.		
8.10 The community-based service system will be developed and implemented over a five-year period.	a) DHHS: Receive and act on Letters of Intent from counties regarding LME's.	Area authorities/county programs submit proposals.	10/01/02
	b) DHHS: Receive and evaluate proposed local business plans.	1/3rd certified or technical assistance provided.	1/01/03
	c) DHHS: Secretary completes evaluation of 1/3rd proposals.	LME's certified or technical assistance provided.	7/01/03

Objective	Activity/Responsibility	Expected Outcome	Date
	d) DHHS: Secretary completes evaluation of second 1/3rd of proposals.		1/01/04
	e) DHHS: Secretary completes evaluation of proposals.	All LME's certified or technical assistance given.	7/01/04
	f) DHHS: Complete data gathering and analysis related to geographic (catchment) area consolidation plan.		9/01/04
	g) DHHS: Present Secretary's area authority/county program reduction plan to the LOC.		12/31/04
	h) Total number of area/county programs (LME's) reduced.	LME's merged/reorganized to reduce to no more than 20.	1/01/07